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ABSTRACT

Group cohesiveness in psychotherapy is defined as the dynamic process that incorporates the multifactors that establish and maintain members in the therapy group. The development of group cohesiveness and the role of the therapist can be divided into five stages. In the first pregroup stage, the therapist must select clients and prepare them for group therapy. In the second stage of group cohesiveness the group is created and maintained. The therapist now serves as both technical expert and model-setting participant for group members. In stage three, when group members begin discussing sensitive matters and behaviors, the therapist must contend with hostility and transference. In stage four, facilitating self-disclosure and closeness, the therapist strives to foster the therapy process, deals with problems, makes observations, and encourages open discussion and analysis of group activities. In the final stage, termination of therapy, it is the therapist's responsibility to remind clients of their impending termination, to focus transfer of learning, and to encourage risk-taking outside the group. By focusing attention on the phases of group cohesiveness as a dynamic process within the process of group psychotherapy, the therapist can enhance the possiblity of achieving group cohesiveness more quickly, increasing it, and maintaining it at a high level. (NRB)

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EFFECTIVE DEVELOPMENT OF SEQUENTIAL STAGES OF GROUP COHESIVENESS

by
Joseph C. Pellegrino

A Paper
Presented To
The Faculty Of The Alfred Adler Institute Of Chicago

October 1984

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Effective Development Of

Sequential Stages Of Group Cohesiveness

Preface

The basic principles of Adlerian theory have close affinities with the basic tenets of group psychotherapy. Adlerian theory is holistic, teleological, phenomenological, idiographic, and socially oriented in its approach to the understanding of the human being and of behavioural motivation. These characteristics make Adlerian theory very appropriate for the practice of group psychotherapy because group therapy places the individual in a social situation (Dreikurs, 1957, pp. 95-100).

Group therapy interactions foster the development of social interest. In Adlerian Psychology, social interest, as the expression of the individual's social feeling and ability to cooperate with others and master the situations of life, is viewed as the vehicle for dealing with the "iron logic of social living" (Adler, 1956, p. 127). Because Adlerian theory views psychic life and human behaviour in the context of the individual's social setting, convictions, subjectivity, and goal, the individual is viewed as functioning within a system of self and within a system of interacting others. Group therapy provides an appropriate social microcosm in which behaviour and convictions of individual group members are displayed in their interactions with one another.

It is a conviction of Adlerian Psychology that human

problems are of a social nature and that they can be best understood and treated in a social context. Group therapy provides this social context. In such a laboratory, it is possible to understand the dynamics of behaviour, uncover and interpret goals, reorient behaviour, and modify or change convictions.

In group therapy, the therapist plays a pivotal role. The therapist generates the machinery for therapy, sets this machinery in motion, and keeps it operating at an efficient rate. The therapist also creates, develops, and maintains effective group therapy. The success of this therapy generally depends on the degree of cohesiveness attained by the group. In fact, group cohesiveness is considered as a necessary condition for effective group therapy (Yalom, 1975, p. 47).

Introduction

It is the contention of this paper that (1) a thorough knowledge of the developmental stages of group cohesiveness is necessary to facilitate this process and that (2) the actions of the therapist play a significant role in the development of group cohesiveness as an effective aspect of group psychotherapy. This paper will identify and discuss the sequential stages of group cohesiveness and will indicate how these stages can be facilitated by the conduct of the Adlerian therapist. The author believes that by focusing attention on the phases of group cohesiveness as a dynamic process within the process of group psychotherapy,

the therapist increases the possibilities of achieving it more quickly, increasing it, and maintaining it at a high level. This would give the therapist greater freedom to concentrate on other aspects of the therapeutic process.

What are the sequential stages in group cohesiveness and what does the therapist do to effectively develop high cohesiveness in a therapy group?

From a dynamic point of view, the seeds of group cohesiveness are planted by the therapist long before the group meets for the first time. This becomes evident when one considers the various tasks that the therapist undertakes prior to the beginning of group therapy. By considering these tasks as the starting point, the stages of group cohesiveness and the actions of the therapist can be delineated under the following five (5) headings:

1. Selecting clients and making pregroup preparations;
2. Creating and maintaining the group in its initial stage;
3. Beginning to discuss sensitive matters and other behaviours immediately in order to initiate development of group spirit;
4. Facilitating greater self-disclosure, intimacy, and closeness;
5. Terminating therapy.

Definition of Cohesiveness

Cohesiveness in group therapy has several meanings. It is sometimes equated with the positive human relationship

that develops between the therapist and client in an effective individual therapy (Yalom, 1975, p. 45). There are a number of definitions of cohesiveness in the literature including: the attractiveness of a group for its members (Frank, 1957, pp. 53-62); "the resultant of all the forces acting on all members to remain in the group" (Cartwright & Zander, 1962, p. 74); "a basic property of groups ... a determinant and an affect of intermember acceptance,... a necessary precondition for therapy" (Yalom, 1975, pp. 47-48); also, "the positive pull, or attractions, that members of the group feel for one another .... It refers to the forces that enable members to experience (a feeling for one another,) a feeling of belonging, a solidarity, and a common bond" (Dinkmeyer, Pew, & Dinkmeyer, 1979, p. 146). In this paper, cohesiveness is defined as the dynamic process that incorporates the multifactors that establish and maintain members in the therapy group.

Cohesiveness in group therapy, as a dynamic aspect of a group, is analogous to social interest. Social interest is used as the barometer of mental health; in a similar way, it could be said that group cohesiveness is the indicator of group spirit. Without social interest, the individual derives very little from life; without group cohesiveness, the therapeutic aspect of group process has little if any impact. Also, group cohesiveness may be compared to the individual's striving for fulfillment. As each person has a goal and a purpose in life (to have significance, find a place, feel secure, be recognized, have self-esteem), high

group cohesiveness permits each client to feel secure, have a place, be recognized, have self-esteem, and find fulfillment. Furthermore, "the ironclad logic of communal life" (Ansbacher & Ansbacher, 1979, p. 7) may also be compared to group cohesiveness. Whether people operate in the world in general or in group therapy, they have to learn how to deal with others and how to share what they have -- be it their mutual crust of the earth or the facilities of the group. Both have the same inherent logic, whether one is a therapist or a client.

Group Cohesiveness and Group Development

Group cohesiveness and group development are viewed as strongly interrelated; the development of one has a direct effect on the other. Although some authors describe and define cohesiveness separately, many others simply include it within the developmental stages of groups. Yalom (1975) describes these stages as follows:

> Groups go through an initial stage of orientation characterized by a search for structure and goals, a great dependency on the leader, and a concern about the group boundaries. Next they encounter a stage of conflict, as the group deals with issues of interpersonal dominance. Following this, the group becomes increasingly concerned with intermember harmony and affection, while intermember differences are often submerged in the service of group cohesiveness. Much later, the fully developed work group emerges, which is characterized by high cohesiveness, considerable inter- and intra-personal investigation, and full commitment to the primary task of the group and of each of the members (p. 302).

After analyzing the works of seven authors who wrote

extensively on the different stages of groups, Corsini (1957) eclectically described the stages of groups. They are briefly paraphrased as follows:

1. There is a stage of hesitant participation in which the individuals operate as separate units, each concerned with oneself and one's own problems. The members are testing out the group and the therapist. Attitudes of fearfulness and suspicion exist. Operations are at a surface level, but there is a beginning of mutuality and friendly relation- ships.

2. A second phase follows this first one, merging into it imperceptibly in which the members begin to discuss sensitive matters, including the dynamics of their own and others' behaviour and of their own group behaviour. During this phase the members begin to feel that the others are like themselves. There is the gradual development of a group spirit.

3. In the third phase, solutions appear. A feeling of freedom and friendliness develops. The group feeling becomes stronger and concepts are acted upon, the members making gains in their personalities (pp. 119-120).

Although in the second phase Corsini refers to group cohesiveness " as group spirit", and Yalom refers to group cohesiveness in the third phase, and calls it "high cohesiveness" in the last phase, there is an implied meaning of group cohesiveness in the other stages referred to by both writers.

It is also assumed that therapy groups are not

initiated spontaneously; someone intentionally takes the initiative before a group meets for the first time. This task is usually undertaken by the therapist.

The Role of the Therapist

Nosak and Pollack (1975) outline the therapist's various roles as follows: facilitator, catalyst, organizer, understanding and reflecting feelings, supportive, encourager, model, expert, pace-setter, traffic cop, and decision-maker (p. 16).

Naar (1982) indicates several aspects related to the conduct of the therapist. These aspects may be summarized as follows: establishing clear and open communications, avoiding any verbal and/or non-verbal behaviour that tends to belittle, ridicule or humiliate group members, recognizing and not avoiding members and their behaviour, sharing feelings, establishing trust, support, freedom and respect for each member, recognizing that people move at different paces, and establishing standards and norms that foster awareness, rehearsal of new behaviour, and closure (pp. 61-78).

Lakin, Lieberman, and Whiteker (1969), in discussing training needs, procedures and designs for group therapists from the view that group therapy creates its own unique social system, strongly advocate that group therapists have a good understanding of, among other things, the group as the medium for therapy and group dynamics (p. 307).

Although the above roles of the therapist refer mainly

to actions in the group, there are elements referred to by Nosak and Pollack (1975) that imply a role in a prior stage as well.

This prior stage, as an important aspect of the therapists's role in the development of group cohesiveness, is the selection and preparation of clients for group therapy.

Since the selection of clients and their preparation depend upon the structure, procedures, and goals of the therapy group, the therapist's judgement as to whom to includes and actions to take in preparing clients become vital elements for initiating group cohesion. In addition, all the other tasks that the therapist must undertake and all the decisions that that person must make regarding the preparation for place, time, seating arrangements, etc., will also have an effect on group cohesion. Since this author stated that the seeds of group cohesiveness and, in turn, the seeds for the success of group therapy, are planted long before the group meets, this stage becomes the first stage necessary for the development of group cohesiveness.

Stages of Group Cohesiveness and Role of Therapist

In what follows, the five (5) delineated stages of group cohesiveness will be presented, discussed, and developed individually. Within each phase, the specific role of the therapist will also be presented.

Stage 1: Client Selection and Pregroup Preparation

In the pregroup therapy stage, preparation for group cohesiveness starts with the work the therapist does with each client. This stage has three important aspects that require specific actions on the part of the therapist that are vital for the development of group cohesiveness. These three aspects are: the selection of clients, their preparation for group therapy, and other preparations necessary for group therapy meetings. The amount of work that the therapist does in the selection process, in the clients' preparation, and in the other preparations are a significant contribution to the process of group cohesiveness.

The selection of clients for group therapy, as the first aspect of this stage, requires specific activities by the therapist.

Parker (1972) indicates that advance screening of participants will reduce harmful effects of group therapy (p. 22). Rutan (1982) examines the decisions of therapists to assign clients to individual or group therapy, he also indicates some advantages and disadvantages of group therapy, and states that when a patient is in both therapies, group therapy should be considered the primary one (p. 267).

In selecting clients for group therapy, the therapist must take into account the structure, procedure, and goals of the therapy group. The therapist must also have some criteria for including and excluding clients. Yalom (1975)

reports that, according to clinical consensus, the following represent poor candidates for group therapy: brain-damaged, paranoid, extremely narcissistic, hypochondriacal, suicidal, drug or alcohol addicts, acutely psychotic, and psychopathic (p.221). His list of clients to exclude would indicate that they may be detrimental to themselves and destructive to the group. Other high risk candidates would include those who strongly oppose joining a group, and those who have difficulty in showing emotions and feelings, as well as sharing the attention of the therapist. Excluding the clients indicated above, all others may be considered suitable for group therapy. However, the therapist must also consider some specific inclusion criteria such as the client's high motivation for therapy in general and group therapy in particular (Yalom, 1975, pp. 235-239), the members of the group into which a client may be placed, a client's social-desirable traits that may be helpful to the group (Brook, 1980, p. 32), and the therapist's own feelings towards the client (Yalom, 1975, p. 238). Glassman (1983) also indicates the usefulness of including individuals with a broad spectrum of problems (pp. 96).

The preparation of each client, as the second aspect of this stage, and the actions of the therapist will determine the way a client enters group therapy. There is value in pregroup individual sessions as an opportunity to establish a good human relationship with the client, which may become helpful in keeping the client in the group during initial periods of discouragement and disenchantment. During this

preparatory process for group therapy, the therapist clarifies misconceptions, unrealistic fears, and expectations. The therapist explains the group therapy process and its advantages for the client, indicates expectations, rules, and goals, listens and responds to all clients' questions and objections, communicates a sense of security and assurance that group therapy is the best form of therapy for the client and the right place to try new things, diminishes resistance through positive and constructive responses, transmits professional attitude towards group therapy and, finally, obtains a commitment from the client.

The third aspect of this pretherapy stage includes all the preparations, actions, and decisions that the therapist makes before the group meets for the first time. Prior to convening the group, the therapist must plan and decide the meeting place, seating place, seating arrangements, lifespan of the group, admission of new members, group size, type of group, structure, procedure, and goal. The therapist is the person who coordinates these activities, the one who brings everything and everyone together. When the group meets for the first time, the initial contact of all members, the seating arrangements, the room atmosphere, and the "breaking of the ice" will be an indication of the therapist's previous work. All the therapist's previous actions and decisions will now have an effect on each and every member of the group. If the seeds of group cohesiveness were well planted, they have a greater possibility of germinating and

growing.

Cohesiveness should be a primary guideline in the composition of therapy groups. The major task of the therapist is to choose appropriate clients, prepare them for the experience of group therapy with its advantages and disadvantages, make clear the need for individual responsibility, generate an awareness of group dynamics, and make all other necessary arrangements that will bring a group together and facilitate cohesiveness. If the therapist has prepared well, there will be a reduction in early dropouts and the possibility of quickly establishing group cohesiveness. The therapist is now ready to move on to the next stage with confidence and to start attending to other aspects of group therapy.

Stage 2: Creating and Maintaining the Group

The creation and maintenance of the group in its initial formation is considered the second stage in the development of group cohesiveness. This stage is the development of cohesiveness is characterized by orientation, hesitant participation, and search for meaning (Yalom, 1975, pp. 303-306). Two tasks confront members of a newly formed group. First, they must determine a method of achieving their primary task -- the purpose for which they joined. Second, they must find a place in this new environment by attending to their social relationships in the group which will provide the the comfort necessary to achieve the primary task and the pleasure of group membership (Yalom,

1975, p. 303). Usually members look to the therapist for structure, protocol, competence, answers, approval, and acceptance. Because the group is newly formed, the therapist must be very precise in his or her initial actions. At this stage, the therapist's conduct will be very influential in creating a therapeutic social system.

Once the group is a physical reality, the rules are presented, and a formal understanding between therapist and participants is established. It is the therapist's responsibility to create the machinery for therapy, set it in motion, and to keep it operating with maximum effectiveness. The therapist's posture must be one of concern, acceptance, genuineness, and empathy.

At the beginning of this stage, the therapist serves as the group's primary unifying force; the therapist attends to gate-keeping functions, recognizes and deters any force that threatens group cohesiveness, such as continued tardiness, absences, sub-grouping, disruptive extra-group socialization, and scapegoating. The therapist's task is to create a culture that will ultimately exert great therapeutic strength on the group (Yalom, 1975, pp. 106-109). Instead of being upset by threatening forces, the therapist should look for the source of resistance and use it positively to help the group at this particular stage.

Both for the individual's and the group's sake, behaviour must be corrected before being analyzed. The therapist often does well to attend to group maintenance and norm-setting tasks first; later, when the time seems

right and defensiveness diminishes, attempts should be made to help the patient explore the meaning of his or her behaviour. Astrachan (1970) indicates that modification in the therapist's regulatory behaviour leads to modifications in intragroup behaviour (pp. 110-119).

It is the therapist's task to observe the group proceedings from a perspective that permits a continuous view of the process underlying the content of the group discussion. In attending to process, the therapist listens not solely to what the patient is saying but also through the process of the patient's telling it (Yalom, 1975, p. 141).

Several simultaneous concerns are present in the first few meetings. Some members may not see the relevance of the group activities to their personal goals in therapy. Others invest most of their energies in search for approval, acceptance, respect, etc. The therapist must be aware of these dynamics so that his or her conduct is not influenced by some particular group member who may express anger or be judgmental. Moreover, the therapist must not be influenced by those members who expect an omnicaring parent or a super being. It is important for the therapist to avoid attempting to fulfill these roles.

In this stage of group development and cohesiveness, groups tend to discuss topics of little interest or value to participants. They usually go through the process of searching for similarities which can provide part of the foundation on which group cohesiveness is based. At this

stage, members usually give and seek advice. The group is greatly influenced by those who are the loudest and can express themselves. These clients, because of their stimulation and effect on the group, may be valued by the therapist. However, in so doing, a member may reveal too much too soon, thus committing social suicide and becoming a potential dropout. It is important that the therapist recognize and discontinue personal covert encouragement of such behaviour (Yalom, 1975, p. 315) before it is too late. All these dynamics will have an effect on each member of the group. Because the group is newly formed, it is important that the therapist instill appropriate conduct by one's own example and by bringing members to behave in a socially acceptable manner.

The norms that the goup constructs are always affected by the conduct of the therapist: what the therapist does not do is often as important as what one does do. Therefore, the therapist should carry out this important function in an informed and deliberate manner because norms, created relatively early in the life of a group, are difficult to change once they become established.

The conduct of the therapist must permit group members to feel free to comment on the immediate feelings they experience towards the group, the other members, and the therapist. Honesty and spontaneity must be encouraged as well as helping members to interact freely with one another. The therapist must also encourage involvement in the group, nonjudgmental acceptance of others, and self-disclosure.

In this stage of group development and group cohesiveness, the therapist assumes two basics roles: (1) that of technical expert as explicit attempts are made to shape norms through a variety of techniques ranging from explicit instructions and suggestions to a more subtle reinforcing technique; (2) that of model-setting participant through the example set in personal behaviour which is congruent with the developmental stage of the group (Yalom, 1975, pp. 111-116). In addition, the therapist has to gradually lead the group in the here-and-now-activation and process illumination. It seems vital that the therapist attend, quite deliberately, to the creation and maintenance of the group, its norms and culture building, and activation and illumination of the here-and-now because these foster the process of group cohesiveness in this stage.

Stage 3: Discussing Sensitive Matters and Behaviours

The second stage of group formation is actually the third stage in the development of cohesiveness. This third stage is characterized by conflict, dominance, and rebellion. According to Yalom (1975), this preoccupation with dominance, control, and power creates conflict between members or between members and the therapist, but is part of the jockeying for position; the therapist's behaviour may increase or mitigate both the experience and the expression of conflict and rebellion (pp. 65-66). Chance (1971) discusses problem areas for the therapist and classifies them into three categories: namely, control of the

therapeutic environment, control of group process, and control of the therapist's own responses (pp. 210-216). The actions of the therapist in this stage will have a great effect on group cohesiveness.

Evidence of cohesiveness can be seen when members express intermember hostility and hostility towards the therapist. At some point, the group will experience a degree of hostility and resentment towards the therapist, regardless of personal style or skills, because fantasized expectations have not been fulfilled. If the group does not express these feelings openly, harmful consequences may ensue; on the other hand, it is clearly helpful to the members if they are able to express their hostility and then observe that no irreparable calamity has occurred. It is obviously better for the therapist to face these attacks than a scapegoated member who will be far less able to withstand and understand them. Moreover, Yalom (1975) says, the process is a self-reinforcing one: a concerted effective attack on the therapist which is handled in a non-defensive, non-retaliatory fashion serves to increase cohesiveness still further (p. 66). It is generally wise for the therapist to express caveats from the beginning in order to diminish the possibility of these attacks.

Clients are never unanimous in their attacks on the therapist. The lineup of attackers and defenders may serve as a valuable guide for the understanding of personality traits useful for future work in the group. The therapist needs to know that counter-dependent members must at some

point recognize and work through their opposite deep dependency and cravings. As well, the therapist must not unknowingly transmit signals of personal distress to those members who need to defend the therapist at all cost. Yalom (1975) indicates that in being able to discriminate between an attack on one's person and an attack on one's role, the therapist is thus able to demonstrate to the group that aggression need not be debilitating, and that it can be expressed and dealt with without being destructive or needing retaliatory action (p. 310). These actions will be understood by the group and will permit increasing cohesiveness.

In addition, Yalom (1975) states that it is particularly important that the therapist not disclose those feelings which would undermine the effectiveness of the group: impatience, disappointments, favouritism in the group, and other personal concerns (p. 364).

Yalom (1975) also maintains that transference, present at every stage of group development, could be very much in evidence at this particular stage of group cohesiveness. Members, who during earlier stages might have granted the therapist super-human power, may now challenge, question and misunderstand the therapist's motivations; they may even treat the therapist as an enemy. Knowing that transference will occur, the therapist should help group patients recognize, understand, and change distorted attitudinal sets toward the therapist or any other group member (p. 203).

For the Adlerian therapist, transference means that the

client has developed either positive or negative feelings. The therapist knows that clients come to therapy with many preconceived ideas that will come up at one time or another during the course of group therapy. The important thing is not to ignore or deny such ideas and feelings. Rather, the therapist has to recognize them and also discover what they mean to the client, what the client wants, and what is their purpose. The therapist must help the client towards developing new attitudinal perspectives which are more realistic, more appropriate, and more beneficial.

This is the stage which is often most difficult for both client and therapist. But it is a necessary stage for the development of group cohesiveness. The therapist must recognize that group or individual attacks on him or her are part of the dynamics of the paradox of therapy (Mozdzierz, Macchitelli, & Lisiecky, 1976, pp. 173-193).

Empathy is an important element in conflict resolution; it facilitates a humanization of the struggle. As self-disclosures proceed in the group, members gradually increase their levels of responsibility and obligations to one another.

Stage 4: Facilitating Self-disclosure and Closeness

The third stage of group formation is the fourth in the development of cohesiveness. Yalom (1975) states that it is here that real group cohesiveness is attained. During this stage, there is an increase of morale, mutual trust, and self-disclosure; real reasons for seeking treatment are

revealed, sexual secrets may be shared, long-buried past transgressions are publicly unearthed, post-group coffee meetings may be arranged, attendance improves, and clients show genuine concern about missing members (pp. 311-312).

Yalom (1975) found that "others have suggested a division of this stage into two stages of cohesiveness (group against the exterior world) and a stage of advanced group work or true team work in which the tension is between 'work', or progress, and regression to an earlier stage" (p. 312).

According to Shulman (1973), the important factors for an enduring and functioning group are the following: 1) Raison d'etre -- group performs a valuable function for its members; 2) code of conduct to function in an orderly way; 3) mutual respect for effective transactions to take place; 4) limits upon unbridled competition; 5) a feeling of full participation; and 6) affirmation of the group and individual membership in it (pp. 355-356). Three of these, namely 1,2,4, were discussed in the previous three stages of group cohesiveness. Three others, namely 3,5,6, will be discussed in relation to this stage.

At this stage of cohesiveness, the chief concern of the group is with intimacy and closeness; although there may be greater self-disclosure, often the group suppresses expressions of negative affect in the service of cohesion. Words such as common goal, group spirit, cooperation, mutual support, group integration have been used to describe this stage. During this phase, the primary concerns of members

are: not being liked by people, or not being close enough to people, or being too intimate. Often, group members become involved in their newly discovered unity which allows them to unify against the world. While this unity is ritualistic, it permits the group to project its hostility. Yalom (1975) has noted that a mature work group will only result when all affects can be expressed and worked through (p. 312).

The conduct of the therapist can be influential on the group, but also influenced by it at this stage of group cohesiveness.

When the group reaches this stage of group cohesiveness, it begins the long working-through process with increasing force and effectiveness. In general, the therapist must strive to foster the process of therapy, deal with issues and problems, make important observations, and encourage open discussion and analysis of group activities. It is also necessary that the therapist indicate the focus of the primary task, particulary when secondary gratifications threaten to overshadow it, and the issue of assumption of responsibility necessitates a re-statement.

Stage 5: Termination of Therapy

At some point in the process of therapy, the issue of termination must be dealt with. Regardless of the type of group, or the stage at which clients are in their individual or collective therapy, or the original goal set by the therapist and/or clients, the issue of termination must be

dealt with as part of the process of therapy. As such, it is the final stage of group development and of group cohesiveness. Yalom (1975) states that it is the responsibility of the therapist to remind patients of their impending termination, focus transfer of learning, and encourage risk-taking outside the group. Should patients re-experience their original symptoms, the therapist should help these patients to understand this event for what it is -- a protection against termination (p. 371). The group may need some sessions to deal with the many issues of termination. The therapist also must consider personal feelings during the termination process. However, when it comes, termination is a permanent leave-taking for both the therapist and the patient(s).

As a stage of group cohesiveness, termination has at least two forms: namely, termination of either a successful or unsuccessful client, and the termination of the entire group.

In the termination of an unsuccessful client, the therapist must look at the selection criteria used and the pregroup preparations made. In addition, the termination of the unsuccessful client is to be dealt with by the entire group with or without the presence of the client. This type of termination may be considered as an escape mechanism essential to group process. However, the attitude and the actions of the therapist will have an effect on group cohesiveness. If the therapist makes it a constructive experience, it will be beneficial to both client and group.

Since each group member joins, participates in, and experiences the group in a very personal way, the end of therapy is also an individual matter. A client's personal goal might be simply to function. For another client, the goal might be to be to work regularly; for a third, self-acceptance; for another, to be more flexible. Client's goals differ; therefore, termination will also differ. Furthermore, if the group is an ongoing one, members enter, improve, and terminate. Witnessing this process can be beneficial to all participants, and have a positive effect on the development of group cohesiveness.

When the therapist notices that the group, by whatever means, places undue pressure on a member not to terminate, the therapist must bring it up and help the group deal with it. Termination may be difficult for the individual, the group, and the therapist. However, the therapist must encourage all participants to deal with the issue and make it a positive learning experience.

The termination of the entire group, for whatever reason, is also to be dealt with by the group and the therapist. How the therapist handles this has to be decided by the therapist alone. The therapist's decision and actions in the matter will have an effect on group cohesiveness. It is important that the matter of termination be brought to the attention of the group in order to help the members decide how to disband. The therapist must encourage them to talk about their individual feelings, and also, to disclose personal feelings. However,

whenever the end comes, it is a permanent goodbye -- the end of group cohesiveness. The seeds the therapist planted long before the group met, his or her actions, behaviours, sharing, and helping have achieved their purpose -- the successful therapy of the clients.

Conclusion

This paper has presented the view that group cohesiveness is a dynamic element of group development. The stages of group development are integrated with those of group cohesiveness to indicate how the actions of the therapist can have a positive effect on the development of group cohesiveness.

It is important to note that the various stages of group development and cohesiveness are rarely well demarcated, contain considerable overlap, and have vague boundaries between them; in fact, rarely does the group permanently graduate from one stage to another. Once the therapist has a concept of the developmental sequence, he or she is more easily able to maintain objectivity and appreciate the course the group pursues despite considerable slowdowns and difficulties.

It has become evident that group cohesiveness necessitates many actions on the part of the therapist in order to develop through the five (5) stages. It has also become evident that the group therapist undergoes a gradual metamorphosis through the stages of group development and cohesiveness: from the necessary functions of the pregroup

preparation, to the creation of the therapeutic social system, to the development of group cohesiveness, ultimately culminating in termination.

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